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INSTRUCTIONS: This for appropriate and indicated unless ray gotte maintenance fee admits atto	below or directed otherwise ons.	smitting the ISSU Patent, advance or in Block 1, by (a	Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000 ICATION FEE (if required). Blocks 1 through 5 should be completed where of maintenance fees will be mailed to the current correspondence address as correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for						
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08/18/2005 WABDEL	.R3 00000120 503081	10642509	Jamie Crystal-Lowry (Depositor's name)						
01 FC:1501 1400.00 DA 02 FC:1504 300.00 DA				(Signature) August 15, 2005 (Date)					
APPLICATION NO.	FILING DATE		FIRST NAMED INVI	ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.			
10/642,509	08/18/2003		Jeff C. Sellers ASX-064 1663						
TITLE OF INVENTION: CONTROL OF PLASMA TRANSITIONS IN SPUTTER PROCESSING SYSTEMS									
APPLN. TYPE	SMALL ENTITY	ISSUE F			TOTAL FEE(S) DUE	DATE DUE			
nonprovisional	NO	\$1400	00 \$300		\$1700	09/21/2005			
EXAMINER ART U		ART UN	IT	CLASS-SUBCLASS]				
WALBERG, TERESA J 375			•	219-121540	•				
CFR 1.363). Change of correspon Address form PTO/SB/1	ce address or indication of "F idence address (or Change of 122) attached. ation (or "Fee Address" Indication or more recent) attached. Us	Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)									
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
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MKS Instruments, Inc. Wilmington, MA									
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):									
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				Payment by credit card. Form PTO-2038 is attached.					
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Authorized Signature				DateO	8/15/2005				
	Deborah M.				1 No. <u>55, 699</u>				
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ALPE .									
700		Application Serial Number		1	10/642,509				
AUG 1 7 2005 E	Filing Date	Filing Date		August 18, 2003					
AUG 1 7 2003 55	First Named	ed Inventor Se		Sellers					
I WERANSMITTA	Group Art U	Art Unit 26		2632					
	Examiner Na	aminer Name		Teresa Walberg					
FORM	Attorney Do	ey Docket No.		ASX-064US					
		Patent No.	atent No.		Not yet assigned				
	Issue Date	Not y		lot yet assigned					
ENCLOSURES (check all that apply)									
Fee Transmittal Form		Copy of Notice	to File Missing		Notice of Appeal to Board				
☐ Check Attached		arts of Applic	ation (PTO-1553)		of Patent Appeals and Interferences				
☐ Copy of Fee Transmittal Form	│□ F	Formal Drawin	ag(s)		Appeal Brief (in triplicate)				
☐ Amendment/Response	E	Request For Co Examination (I			Status Inquiry				
☐ Preliminary ☐ After Final	T	Transmittal	ney Prior Powers)	\boxtimes	Return Receipt Postcard				
Affidavits/declaration(s) Letter to Official Draftsperson		Power of Attor Revocation of			Certificate of Facsimile Transmission under 37 C.F.R. 1.8				
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	paid, in an envelope addressed to Commissioner for Patents, P.O. Box/1450,								
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CORRESPONDENCE ADDRESS		SIGNATURE BLO	OCK	Jamie Crystal-Lowry					
					Respectfully submitted,				
Direct all correspondence to: Patent Administrator Proskauer Rose LLP One International Place Boston, MA 02110-2600 Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899			Tel. No.: (617) 526-9836 Fax No.: (617) 526-9899						